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Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 21186 7590 08/10/2007 Certificate of Mailing or Transmission SCHWEGMAN, LUNDBERG & WOESSNER, P.A. I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. P.O. BOX 2938 MINNEAPOLIS, MN 55402 11/16/2007 RMEBRAH1 00000075 190743 09483127 (Depositor's name (Signature) 1440.00 DA 01 FC:1501 Jovember (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/483,127 01/14/2000 Alan Dowd 105.176US1 7964 TITLE OF INVENTION: NETWORK SECURITY MODELING SYSTEM AND METHOD APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$0 \$0 \$1400 11/13/2007 **EXAMINER** CLASS-SUBCLASS **ART UNIT** CRAIG, DWIN M 2123 703-013000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Schwegman, Lundberg ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. & Woessner, P.A "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Secure Computing Corporation St. Paul, Minnesota Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. 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